

# EXHIBIT 4



Bank Number	Bank Code	Billing Period	Billing Case Number
20201170608043	51	01	21G684
Date Due	Amount Due		Amount Enclosed
01/01/2014	2,532.68		

20201170608043 51 01 02532680 5

Coventry Health Care  
PO Box 864750  
Orlando, FL 32886-4750

TRAVIS B HOLMAN  
1717 NW 184TH ST  
EDMOND OK 73012-0608

MAKE CHECK PAYABLE TO: **Coventry Health Care**  
Please include your billing case number on the memo line.

If paying by paper check, you must detach and return the top portion of this invoice with your payment. Without this coupon, your payment may not be credited to your account.

Please retain this portion of the invoice for your records.

↑ PLEASE FOLD, CREASE AND DETACH ALONG PERFORATION ABOVE ↑

### INVOICE

Invoice for Coverage Period: **01/01/2014 TO 01/31/2014**

Invoice For	TRAVIS B HOLMAN	Billing Case Number	21G684
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Bill Date: 12/18/2013 9I

First Name*	Last Name*	Coverage Tier	Coverage	Total Charges
TRAVIS	HOLMAN	Primary + Family	Health	1,263.84
			ADMINISTRATION FEE	5.00

\*Note only appears in the first row.

For information about payment options, adjustments, and fees, please read the back of this invoice.

**TOTAL**

1,268.84

This bill contains a first month adjustment for 12/2013  
Welcome to "Coventry". This is your first bill.  
Future billings will be sent to you and are payable  
by the first of each month.  
Account status as of 12/18/2013.  
For billing questions, please call 877-849-9690.  
Visit <https://member.cvtv.com> 24 hours a day and access  
billing history, view product information or forms.  
For other premium or product change questions, call  
CoventryOne Member Services at 877-849-9690.

### ACCOUNT SUMMARY

Current Charges	1,268.84
Previous Balance	0.00
Payments	0.00
Adjustments	1,263.84
Total Amount Due	2,532.68
Date Due	01/01/2014

**PAY THIS AMOUNT**

2,532.68

Payments received after 12/18/2013 will  
appear on your next invoice.

Underwritten by: Coventry Health and Life Insurance Company  
**CONFIDENTIAL**

Coventry\_Holman\_000627

↑ PLEASE DO NOT WRITE ON THE REMITTANCE ADVICE ↑

### ADMINISTRATIVE INSTRUCTIONS

#### Payment Due Date

Payment is due on the 1st of the month. If your payment is not received by the end of the month, your insurance coverage will be terminated. Coverage will only be provided for months for which your premium has been paid or as mandated by state guidelines.

#### Paying by Paper Check

You may only pay by paper check if you have received a paper bill. If you pay by check, you **must** include the payment coupon that appears at the top of your invoice and write your billing case number in the memo line (this number appears on your invoice and is not your Coventry One Member ID). If you do not include the payment coupon, your payment may not be properly credited to your account. You may avoid the paper bill fee by changing the payment method to recurring Electronic Funds Transfer (EFT).

#### Invoice and Payment Options

To change how you make your payment, please visit our billing and enrollment website at <https://member.cvty.com> or call us at 877-849-9690. We offer the following payment options:

- **Electronic Funds Transfer (EFT):** Your total amount due is automatically deducted from your bank account on the 5th of each month (or next business day), including your monthly premium(s) for coverage and any applicable fees. You will also receive an email notification each month when your invoice has been posted to your account.
- **Paper Bill:** You receive your invoice by mail and a monthly paper bill fee will be applied to your account. You may pay by mailing us a check along with the payment coupon from the invoice you received. You will also receive an email notification each month when your invoice has been posted to your account and can pay online at <https://member.cvty.com>.

#### Online Bank Payments

If you choose to pay through an online bill payment system with your bank, please use the information below to set up your payment or update an existing payment. Failure to properly submit payment may cause a delay in the posting of your payment to your account, a late payment fee, and/or the termination of your coverage.

**Payee:** Coventry Health Care

**Bill Pay Account Number:** Enter your billing case number, located on the front of this invoice.

**Payee Address:** P.O. Box 864750, Orlando, FL 32886-4750

**Payee Phone Number:** 877-849-9690

#### Adjustments

Adjustments in the form of debits or credits may appear on your invoice. The most common reasons include, but are not limited to, address changes, plan changes, and adding or removing dependents. If you believe an adjustment has been made in error, please contact us at 877-849-9690.

**Please visit us on the web at <https://member.cvty.com> or call 877-849-9690 for questions about your bill. For faster service, please have your Coventry One Member ID or Billing Case Number available.**